APPENDIX 3

Template B3

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| --- | --- | --- |
|  | **REPUBLIC OF MACEDONIA**Radiation Safety Directorate |  |

**REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH IONISING RADIATION SOURCES: TRANSIT**

**1. Information on the entity submitting the request:**

|  |  |
| --- | --- |
| Unique tax number: |  |
| Name of the legal entity: |  |
| Headquarters of the legal entity: |  |
| Telephone: |  | Fax: |  | E-mail: |  |
| Name and surname of the authorised person: Description of the post: |  |
| Name and surname of the person responsible for radiation protection:  |  |

**2. General representative:**

Name and headquarters:

Address, city:

Country:

**3. Transportation by:**

Transporter:

Address, city:

Country:

Transporter’s authorised person:

Telephone: Fax:

E-mail:

Type of transport:

Identity of vehicle:

Country of vehicle:

**4. Permit for transport of radioactive sources:**

Permit number:

Permit validity:

**5. Itinerary of the transportation of radioactive sources:**

Country of departure/export:

Country of destination/import:

**6. Itinerary of the transit of radioactive sources through the territory of the Republic of Macedonia :**

Border crossing of entry:

Date of entry:

Predicted hour of entry:

Border crossing of exit:

Date of exit:

Predicted hour of exit:

**7. Transport carried out between:**

Consigner/exporter:

Address, city:

Country:

Telephone: Fax:

E-mail:

Consigner’s authorised person:

Importer:

Address, city:

Country:

Telephone: Fax:

E-mail:

Consignee’s authorised person:

Permit for performing an activity with ionising radiation sources/ final user:

Date of issuing the permit:

**8. Individuals involved in the transit:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and surname | Address | Passport number | Mobile telephone |
|  |  |  |  |
|  |  |  |  |

**9. Description of goods:**

Tariff designation:

Description of tariff designation:

Trade description:

Radionuclide:

Chemical/physical form of the radionuclide:

Initial activity of radionuclide (MBq):

Date of initial activity:

Number of sources:

Total activity (MBq):

Purpose:

Manufacturer:

Address/city:

Country:

Container description:

Container type:

Serial number:

Certificate number:

|  |  |  |
| --- | --- | --- |
| Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (Stamp) | Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |